

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-21-03.

### I. DISPUTE

Whether there should be reimbursement for 99213.

### II. FINDINGS

The respondent denied reimbursement based upon "R – Extent of Injury."

The insurance carrier filed a TWCC-21 disputing left hand, lumbar spine or depression injury.

On 4-28-03, both parties agreed the compensable injury of \_\_\_ extends to a left elbow, epicondylitis, and not the claimant's left hand, lumbar spine or depression. Service in dispute will be reviewed in accordance with *Medical Fee Guideline* and BRC Agreement.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-6-03	99213	\$48.00	\$0.00	R	\$48.00	Evaluation & Management GR (IV)	Office visit note supports treatment to left elbow, reimbursement of \$48.00 is recommended.

### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (99213) in the amount of **\$ 48.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$48.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division